

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000422

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE WILLOWS NURSERY, L.C.

Current Principal Place of Business:

6167 GEORGE RD
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511273
PUNTA GORDA, FL 339511273 US

New Mailing Address:

FEI Number: 65-0596810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, CLAUDE H
6167 GEORGE ROAD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PG () Delete
Name: COLLIER, CLAUDE H
Address: 6167 GEORGE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: GV () Delete
Name: COLLIER, KAREN M
Address: 6167 GEORGE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLAUDE H. COLLIER

PRES

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date